State of Illinois Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

Version -1.1

Last Revision Date: 12-07-2011

B1 Billing

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status	
Transa	action	n Header	MANDATORY	Segment ID:				
101	A1	BIN Number		N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release	Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	9	A/N	2	X(2)	Req	
104	A4	Processor Contro	ol Number	A/N	10	X(10)	Req	
109	Α9	Transaction Cour	nt	A/N	1	X(1)	Req	
202	B2	Service Provider	ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider	ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service		N	8	9(8)	Req	
110	AK	Software Vendor	/Certification ID	A/N	10	X(10)	Req	

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B1 Billing

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Patier	nt	SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C 5	Patient Gender Code	N	1	9(1)	Req
311	СВ	Patient Last Name	A/N	15	X(15)	Req

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B1 Billing

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status
Insura	ance		MANDATORY	Segment ID:	04		
111	AM	Segment Identifi	cation	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

B1 Billing

Field Number	Fie	ld ID Field Name	Format	Size	Pic	HFS Status
Claim		MANDATORY S	Segment ID:	07		
111	AM	Segment Identification	A/N	2	X(2)	Req
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req
407	D7	Product/Service ID	A/N	19	X(19)	Req
456	EN	Associated Prescription/Service Reference Number	ce N	12	9(12)	Sit
457	EP	Associated Prescription/Service Date	N	8	9(8)	Sit
442	E7	Quantity Dispensed	N	10	9(7)v999	Req
403	D3	Fill Number	N	2	9(2)	Req
405	D5	Days Supply	N	3	9(3)	Req
406	D6	Compound Code	N	1	9(1)	Req
408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	X(1)	Req
414	DE	Date Prescription Written	N	8	9(8)	Req

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B1 Billing

Field Numbe		ld ID Field Name	Format	Size	Pic I	HFS Status	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
419	DJ	Prescription Origin Code	N	1	9(1)	Req	
354	NX	Submission Clarification Code Count	N	1	9(1)	Sit	
420	DK	Submission Clarification Code	N	2	9(2)	Sit	*Repeating-Field*
308	C8	Other Coverage Code	N	2	9(2)	Sit	
461	EU	Prior Authorization Type Code	N	2	9(2)	Sit	
462	EV	Prior Authorization Number Submitted	N	11	9(11)	Sit	
343	HD	Dispensing Status	A/N	1	X(1)	Sit	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Sit	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Sit	
995	E2	Route of Administration	A/N	11	X(11)	Sit	
996	G1	Compound Type	A/N	2	X(2)	Sit	

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B1 Billing

Field Number	_	ld ID Field Name	Format	Size	Pic	HFS Status		
Compo	ound	SITUATIONAL Seg	gment ID:	10				
111	AM	Segment Identification	A/N	2	X(2)	Req		
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Req		
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Req		
447	EC	Compound Ingredient Component Count	N	2	9(2)	Req		Max Occ 25 Max Occ 25
488	RE	Compound Product ID Qualifier	A/N	2	X(2)	Req	*Repeating-Field*	Valid value "03"
489	TE	Compound Product ID	A/N	19	X(19)	Req	*Repeating-Field*	
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Req	*Repeating-Field*	
449	EE	Compound Ingredient Drug Cost	N	8	S9(6)v99	Req	*Repeating-Field*	

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B1 Billing

Field Number	Fiel	d ID Field Name	Format	Size	Pic	HFS Status	
Pricing		MANDATORY S	egment ID:	11			
111 A	M	Segment Identification	A/N	2	X(2)	Req	
409 E	9	Ingredient Cost Submitted	N	8	S9(6)v99	Req	
412	C	Dispensing Fee Submitted	N	8	S9(6)v99	Sit	
478 F	17	Other Amount Claimed Submitted Count	N	1	9(1)	Sit	
479 H	18	Other Amount Claimed Submitted Qualif	ier A/N	2	X(2)	Sit	*Repeating-Field*
490 I	10	Other Amount Claimed Submitted	N	0	50/6/200	. C:+	*Donasting Field*
480 F	19	Other Amount Claimed Submitted	N	8	S9(6)v99	Sit	*Repeating-Field*
426 E	Q	Usual And Customary Charge	N	8	S9(6)v99	Req	
430	DU	Gross Amount Due	N	8	S9(6)v99	Req	

B1 Billing

Field Numbe			Format	Size	Pic	HFS Status	
Presci	riber	SITUATIONAL	Segment ID:	03			
111	AM	Segment Identification	A/N	2	X(2)	Req	
466	ΕZ	Prescriber ID Qualifier	A/N	2	X(2)	Req	Valid value
411	DB	Prescriber ID	A/N	15	X(15)	Req	10 positio
427	DR	Prescriber Last Name	A/N	15	X(15)	Req	
498	PM	Prescriber Phone Number	N	10	9(10)	Req	
468	2E	Primary Care Provider ID Qualifier	A/N	2	X(2)	Sit	Valid value
421	DL	Primary Care Provider ID	A/N	15	X(15)	Sit	10 position
470	4E	Primary Care Provider Last Name	A/N	15	X(15)	Sit	
364	2J	Prescriber First Name	A/N	12	X(12)	Req	

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B1 Billing

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status	
COB/	'Other	Payments SITUATIONAL	Segment ID:	05			
111	AM	Segment Identification	A/N	2	X(2)	Req	
337	4C	Coordination Of Benefits/Other Paymen Count	its N	1	9(1)	Req	
338	5C	Other Payer Coverage Type	A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID	A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Date	N	8	9(8)	Sit	*Repeating-Field*
341	НВ	Other Payer Amount Paid Count	N	1	9(1)	Sit	*Repeating-Field*
342	НС	Other Payer Amount Paid Qualifier	A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Amount Paid	N	8	S9(6)v99) Sit	*Repeating-Field-2*
471	5E	Other Payer Reject Count	N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reject Code	A/N	3	X(3)	Sit	*Repeating-Field-2*

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B1 Billing

Field Number	Fie	ld ID Field Name	Format	Size	Pic	HFS Status		
DUR/PP	PS	SITUATIONAL	Segment ID:	08				
111 A	AM	Segment Identification	A/N	2	X(2)	Req		
473 7	7E	DUR/PPS Code Counter	N	1	9(1)	Sit	*Repeating-Field*	
439 E	E4	Reason For Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	
440 E	E5	Professional Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	Value 'MA' required for service billing.
441 E	E6	Result Of Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	
474 8	8E	DUR/PPS Level Of Effort	N	2	9(2)	Sit	*Repeating-Field*	

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B1 Billing

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Statu	S	
Clinica	al	SITUATIONAL	Segment ID:	13				
111	AM	Segment Identification	A/N	2	X(2)	Req		
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field*	May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*	"01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*	

B2 Billing Reversal

Field Numbe		eld ID Field Name	Format	Size	Pic	HFS Status	
Trans	actior	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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B2 Billing Reversal

Field Field ID Field Name Number				Format	Size	Pic	HFS Status
Insura	ance		SITUATIONAL	Segment ID:	04		
111	AM	Segment Identifi	cation	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

B2 Billing Reversal

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	r A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	r N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'0000000000' for compound submission or service billing.

B2 Billing Reversal

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status		
DUR/F	PPS	SITUATIONAL	Segment ID:	08				
111	AM	Segment Identification	A/N	2	X(2)	Req		
473	7E	DUR/PPS Code Counter	N	1	9(1)	Sit	*Repeating-Field*	
439	E4	Reason For Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	Value 'MA' required for service billing.
441	E6	Result Of Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Sit	*Repeating-Field*	

B3 Billing Rebill

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Transa	action	n Header MANDATC	RY Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifie	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certificati	on ID A/N	10	X(10)	Req	

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B3 Billing Rebill

Field Numbe		d ID Field Name	Format	Size	Pic	HFS Status
Patier	nt	SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C 5	Patient Gender Code	N	1	9(1)	Req
311	СВ	Patient Last Name	A/N	15	X(15)	Req

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B3 Billing Rebill

Field Field ID Field Name Number				Format	Size	Pic	HFS Status
Insura	ance		MANDATORY	Segment ID:	04		
111	AM	Segment Identif	ication	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Reg

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

B3 Billing Rebill

Field Numbe	_	ld ID Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY Se	egment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Nu Value '2' for Service Referer
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Valid value '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'00000000000' for compoun submission or service billing
456	EN	Associated Prescription/Service Reference Number	e N	12	9(12)	Sit	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Sit	
442	E7	Quantity Dispensed	N	10	9(7)v999	Req	
403	D3	Fill Number	N	2	9(2)	Req	
405	D5	Days Supply	N	3	9(3)	Req	
406	D6	Compound Code	N	1	9(1)	Req	
408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	X(1)	Req	
414	DE	Date Prescription Written	N	8	9(8)	Req	

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B3 Billing Rebill

Field Numbe		ld ID Field Name	Format	Size	Pic I	HFS Status	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
419	DJ	Prescription Origin Code	N	1	9(1)	Req	
354	NX	Submission Clarification Code Count	N	1	9(1)	Sit	
420	DK	Submission Clarification Code	N	2	9(2)	Sit	*Repeating-Field*
308	C8	Other Coverage Code	N	2	9(2)	Sit	
461	EU	Prior Authorization Type Code	N	2	9(2)	Sit	
462	EV	Prior Authorization Number Submitted	N	11	9(11)	Sit	
343	HD	Dispensing Status	A/N	1	X(1)	Sit	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Sit	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Sit	
995	E2	Route of Administration	A/N	11	X(11)	Sit	
996	G1	Compound Type	A/N	2	X(2)	Sit	

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B3 Billing Rebill

Field Number		d ID Field Name	Format	Size	Pic	HFS Status		
Compo	ound	SITUATIONAL Seg	ment ID:	10				
111	AM	Segment Identification	A/N	2	X(2)	Req		
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Req		
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Req		
447	EC	Compound Ingredient Component Count	N	2	9(2)	Req		Max Occ 25 Max Occ 25
488	RE	Compound Product ID Qualifier	A/N	2	X(2)	Req	*Repeating-Field*	Valid value "03"
489	TE	Compound Product ID	A/N	19	X(19)	Req	*Repeating-Field*	
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Req	*Repeating-Field*	
449	EE	Compound Ingredient Drug Cost	N	8	S9(6)v99	Req	*Repeating-Field*	

State of Illinois Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B3 Billing Rebill

Field Number	Fiel	d ID Field Name	Format	Size	Pic I	HFS Status	
Pricing		MANDATORY S	egment ID:	11			
111	AM	Segment Identification	A/N	2	X(2)	Req	
409	D9	Ingredient Cost Submitted	N	8	S9(6)v99	Req	
412	DC	Dispensing Fee Submitted	N	8	S9(6)v99	Sit	
478	H7	Other Amount Claimed Submitted Count	N	1	9(1)	Sit	
479	Н8	Other Amount Claimed Submitted Qualif	ier A/N	2	X(2)	Sit	*Repeating-Field*
480	H9	Other Amount Claimed Submitted	N	8	S9(6)v99	Sit	*Repeating-Field*
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req	
430	DU	Gross Amount Due	N	8	S9(6)v99	Req	

B3 Billing Rebill

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status	
Presci	riber	SITUATIONAL	Segment ID:	03			
111	AM	Segment Identification	A/N	2	X(2)	Req	
466	ΕZ	Prescriber ID Qualifier	A/N	2	X(2)	Req	Valid value
411	DB	Prescriber ID	A/N	15	X(15)	Req	10 positio
427	DR	Prescriber Last Name	A/N	15	X(15)	Req	
498	PM	Prescriber Phone Number	N	10	9(10)	Req	
468	2E	Primary Care Provider ID Qualifier	A/N	2	X(2)	Sit	Valid value
421	DL	Primary Care Provider ID	A/N	15	X(15)	Sit	10 position
470	4E	Primary Care Provider Last Name	A/N	15	X(15)	Sit	
364	2J	Prescriber First Name	A/N	12	X(12)	Req	

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B3 Billing Rebill

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status	
COB/	Other	Payments SITUATIONAL	Seg	ment ID:	05			
111	AM	Segment Identification		A/N	2	X(2)	Req	
337	4C	Coordination Of Benefits/Other Payme Count	ents	N	1	9(1)	Req	
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID		A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Date		N	8	9(8)	Sit	*Repeating-Field*
341	НВ	Other Payer Amount Paid Count		N	1	9(1)	Sit	*Repeating-Field*
342	НС	Other Payer Amount Paid Qualifier		A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Amount Paid		N	8	S9(6)v99	Sit	*Repeating-Field-2*
471	5E	Other Payer Reject Count		N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reject Code		A/N	3	X(3)	Sit	*Repeating-Field-2*

State of Illinois Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B3 Billing Rebill

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status		
DUR/I	PPS	SITUATIONAL	Segment ID:	08				
111	AM	Segment Identification	A/N	2	X(2)	Req		
473	7 E	DUR/PPS Code Counter	N	1	9(1)	Sit	*Repeating-Field*	
439	E4	Reason For Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	Value 'MA' required for service billing.
441	E6	Result Of Service Code	A/N	2	X(2)	Sit	*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Sit	*Repeating-Field*	

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B3 Billing Rebill

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Statu	IS	
Clinica	al	SITUATIONAL	Segment ID:	13				
111	AM	Segment Identification	A/N	2	X(2)	Req		
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field*	May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*	"01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*	

D1 Predetermination of Benefits

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Transa	ction	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	Α2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	В1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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D1 Predetermination of Benefits

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Patier	nt	SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C 5	Patient Gender Code	N	1	9(1)	Req
311	СВ	Patient Last Name	A/N	15	X(15)	Req

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 Predetermination of Benefits

Field	Fie	ld ID Field Name		Format	Size	Pic	HFS Status
Numbe	r						
Insura	nce		MANDATORY	Segment ID:	04		
111	AM	Segment Identif	ication	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

D1 Predetermination of Benefits

Field Numbe	Field ID Field Name er		Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number Value '2' for Service Reference N
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '03' for service billing. Valid value '03' '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'0000000000' for compound submission or service billing.
442	E7	Quantity Dispensed	N	10	9(7)v999	9 Req	
403	D3	Fill Number	N	2	9(2)	Req	
405	D5	Days Supply	N	3	9(3)	Req	
406	D6	Compound Code	N	1	9(1)	Req	
408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	X(1)	Req	
414	DE	Date Prescription Written	N	8	9(8)	Req	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
419	DJ	Prescription Origin Code	N	1	9(1)	Req	

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D1 Predetermination of Benefits

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status		
Compo	ound	SITUATIONAL Seg	ment ID:	10				
111	AM	Segment Identification	A/N	2	X(2)	Req		
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Req		
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Req		
447	EC	Compound Ingredient Component Count	N	2	9(2)	Req		Max Occ 25 Max Occ 25
488	RE	Compound Product ID Qualifier	A/N	2	X(2)	Req	*Repeating-Field*	Valid value "03"
489	TE	Compound Product ID	A/N	19	X(19)	Req	*Repeating-Field*	
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Req	*Repeating-Field*	
449	EE	Compound Ingredient Drug Cost	N	8	S9(6)v99	Req	*Repeating-Field*	

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D1 Predetermination of Benefits

Field Numbei		d ID Field Name	Format	Size	Pic	HFS Status
Pricing	3	MANDATORY	Segment ID:	11		
111	AM	Segment Identification	A/N	2	X(2)	Req
409	D9	Ingredient Cost Submitted	N	8	S9(6)v99	Req
412	DC	Dispensing Fee Submitted	N	8	S9(6)v99	Sit
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req
430	DU	Gross Amount Due	N	8	S9(6)v99	Req

D1 Predetermination of Benefits

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status	
Numbe	•						
Prescr	riber	SITUATIONAL	Segment ID:	03			
111	AM	Segment Identification	A/N	2	X(2)	Req	
466	EZ	Prescriber ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
411	DB	Prescriber ID	A/N	15	X(15)	Req	10 position NPI
427	DR	Prescriber Last Name	A/N	15	X(15)	Req	
498	PM	Prescriber Phone Number	N	10	9(10)	Req	
468	2E	Primary Care Provider ID Qualifier	A/N	2	X(2)	Sit	Valid value '01'
421	DL	Primary Care Provider ID	A/N	15	X(15)	Sit	10 position NPI
470	4E	Primary Care Provider Last Name	A/N	15	X(15)	Sit	
364	2J	Prescriber First Name	A/N	12	X(12)	Req	

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D1 Predetermination of Benefits

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Statu	S	
Clinica	al	SITUATIONAL	Segment ID:	13				
111	AM	Segment Identification	A/N	2	X(2)	Req		
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field*	May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*	"01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*	

E1 Eligibility Verification

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Transa	ction	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	Α2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	В1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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E1 Eligibility Verification

Field Number		ld ID Field Name		Format	Size	Pic	HFS Status
Patien	t		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identifi	cation	A/N	2	X(2)	Req
304	C4	Date Of Birth		N	8	9(8)	Req

E1 Eligibility Verification

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status		
Insurai	nce	MANDATORY	Segment ID:	04				
111	AM	Segment Identification	A/N	2	X(2)	Req		
302	C2	Cardholder ID	A/N	20	X(20)	Req	9 byte numeric HFS recip for all transactions. For th Verification transaction, numeric Socical Security allowed.	ne E1,Eligibility a 9 byte
312	CC	Cardholder First Name	A/N	12	X(12)	Sit		
313	CD	Cardholder Last Name	A/N	15	X(15)	Sit		

P2 Prior Approval Reversal (Claim)

Field Numbe		eld ID Field Name	Format	Size	Pic	HFS Status	
Trans	actior	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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P2 Prior Approval Reversal (Claim)

Field	Fie	ld ID Field Name		Format	Size	Pic	HFS Status
Numbe	r						
Insura	nce	SIT	TUATIONAL	Segment ID:	04		
111	AM	Segment Identificat	tion	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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P2 Prior Approval Reversal (Claim)

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Prior A	Autho	rization SITUATIONAL	Segment ID:	12		
111	AM	Segment Identification	A/N	2	X(2)	Req
498	PA	Request Type	A/N	1	X(1)	Req
498	РВ	Request Period Date Begin	N	8	9(8)	Req
498	PC	Request Period Date End	N	8	9(8)	Req
498	PD	Basis Of Request	A/N	2	X(2)	Req
498	PY	Prior Authorization Number Assigned	N	11	9(11)	Req
503	F3	Authorization Number	A/N	20	X(20)	Sit

P3 Prior Approval Inquiry (Claim)

Field Numbe		eld ID Field Name	Forma	t S	Size	Pic	HFS Status	
Trans	actior	n Header MAN	IDATORY Segment	D:				
101	A1	BIN Number	N		6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Numb	ber A/N		2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N		2	X(2)	Req	
104	A4	Processor Control Nun	mber A/N		10	X(10)	Req	
109	Α9	Transaction Count	A/N		1	X(1)	Req	
202	В2	Service Provider ID Qu	ualifier A/N		2	X(2)	Req	Valid value '01'
201	В1	Service Provider ID	A/N		15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N		8	9(8)	Req	
110	AK	Software Vendor/Cert	tification ID A/N		10	X(10)	Req	

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P3 Prior Approval Inquiry (Claim)

Field	Fie	ld ID Field Name		Format	Size	Pic	HFS Status
Numbe	r						
Insura	nce	SITU	ATIONAL S	Segment ID:	04		
111	AM	Segment Identification	า	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

P3 Prior Approval Inquiry (Claim)

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Prior A	Autho	rization MANDATORY	Segment ID:	12		
111	AM	Segment Identification	A/N	2	X(2)	Req
498	PA	Request Type	A/N	1	X(1)	Req
498	РВ	Request Period Date Begin	N	8	9(8)	Req
498	PC	Request Period Date End	N	8	9(8)	Req
498	PD	Basis Of Request	A/N	2	X(2)	Req
498	PY	Prior Authorization Number Assigned	N	11	9(11)	Req
503	F3	Authorization Number	A/N	20	X(20)	Sit

P4 Prior Approval Request Only (Claim)

Field Numbe		eld ID Field Name	Format	Size	Pic	HFS Status	
Trans	action	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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P4 Prior Approval Request Only (Claim)

Field	Fie	ld ID Field Name		Format	Size	Pic	HFS Status
Number	•						
Patien [*]	t		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identif	ication	A/N	2	X(2)	Req
304	C4	Date Of Birth		N	8	9(8)	Req

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P4 Prior Approval Request Only (Claim)

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status
Insura	ance	М	IANDATORY	Segment ID:	04		
111	AM	Segment Identification	tion	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Reg

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

P4 Prior Approval Request Only (Claim)

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Numbe
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'0000000000' for compound submission or service billing.
442	E7	Quantity Dispensed	N	10	9(7)v999	9 Req	
405	D5	Days Supply	N	3	9(3)	Req	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
995	E2	Route of Administration	A/N	11	X(11)	Sit	

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P4 Prior Approval Request Only (Claim)

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Prior	Autho	rization MANDATORY	Segment ID:	12		
111	AM	Segment Identification	A/N	2	X(2)	Req
498	PA	Request Type	A/N	1	X(1)	Req
498	РВ	Request Period Date Begin	N	8	9(8)	Req
498	PC	Request Period Date End	N	8	9(8)	Req
498	PD	Basis Of Request	A/N	2	X(2)	Req
498	PP	Prior Authorization Supporting Documentation	A/N	500	X(500)	Sit

P4 Prior Approval Request Only (Claim)

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Prescr	iber	SITUATIONAL	Segment ID:	03			
111	AM	Segment Identification	A/N	2	X(2)	Req	
466	ΕZ	Prescriber ID Qualifier	A/N	2	X(2)	Req	Valid value
411	DB	Prescriber ID	A/N	15	X(15)	Req	10 position
427	DR	Prescriber Last Name	A/N	15	X(15)	Req	
498	PM	Prescriber Phone Number	N	10	9(10)	Req	
364	2J	Prescriber First Name	A/N	12	X(12)	Req	

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P4 Prior Approval Request Only (Claim)

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Statu	IS	
Clinica	al	SITUATIONAL	Segment ID:	13				
111	AM	Segment Identification	A/N	2	X(2)	Req		
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field*	May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*	"01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*	

S1 Service Billing

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Transa	action	n Header MANDATC	RY Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifie	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certificati	on ID A/N	10	X(10)	Req	

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S1 Service Billing

Field Numbe		d ID Field Name	Format	Size	Pic	HFS Status
Patier	nt	SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C 5	Patient Gender Code	N	1	9(1)	Req
311	СВ	Patient Last Name	A/N	15	X(15)	Req

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S1 Service Billing

Field	Fie	ld ID Field Name		Format	Size	Pic	HFS Status
Numbe	r						
Insura	ance	MA	NDATORY	Segment ID:	04		
111	AM	Segment Identificati	on	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

S1 Service Billing

Field Number		ld ID Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY Se	egment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'0000000000' for compound submission or service billing.
456	EN	Associated Prescription/Service Reference Number	e N	12	9(12)	Req	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Req	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03'.
445	EA	Originally Prescribed Product/Service Cod	e A/N	19	X(19)	Req	

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S1 Service Billing

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Pricing	3	MANDATORY	Segment ID:	11		
111	AM	Segment Identification	A/N	2	X(2)	Req
477	BE	Professional Service Fee Submitted	N	8	S9(6)v99	Req
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req
430	DU	Gross Amount Due	N	8	S9(6)v99	Req

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S1 Service Billing

Field F Number	ield ID Field Name	Format	Size	Pic	HFS Status	i .	
COB/Othe	er Payments SITU	JATIONAL S	Segment ID:	05			
111 AN	1 Segment Identification	on	A/N	2	X(2)	Req	
337 4C	Coordination Of Bene Count	ts N	1	9(1)	Req		
338 5C	Other Payer Coverag	Other Payer Coverage Type			X(2)	Req	*Repeating-Field*
339 6C	Other Payer ID Qualit	Other Payer ID Qualifier			X(2)	Sit	*Repeating-Field*
340 7C	Other Payer ID		A/N	10	X(10)	Sit	*Repeating-Field*
443 E8	Other Payer Date		N	8	9(8)	Sit	*Repeating-Field*
341 HB	Other Payer Amount	Paid Count	N	1	9(1)	Sit	*Repeating-Field*
342 HC	Other Payer Amount	Paid Qualifier	A/N	2	X(2)	Sit	*Repeating-Field-2*
431 DV	Other Payer Amount	: Paid	N	8	S9(6)v99	Sit	*Repeating-Field-2*
471 5E	Other Payer Reject C	ount	N	2	9(2)	Sit	*Repeating-Field*
472 6E	Other Payer Reject C	ode	A/N	3	X(3)	Sit	*Repeating-Field-2*

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S1 Service Billing

Field	Fie	ld ID Field Name	Format	Size	Pic	HFS Status	5	
Numbe	er							
DUR/	PPS	SITUATIONAL	Segment ID:	08				
111	AM	Segment Identification	A/N	2	X(2)	Req		
473	7 E	DUR/PPS Code Counter	N	1	9(1)	Req	*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Req	*Repeating-Field*	Value 'MA' required for service billing.

S2 Service Reversal

Field Numbe		eld ID Field Name	Format	Size	Pic	HFS Status	
Trans	action	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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S2 Service Reversal

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status
Insura	ance	S	SITUATIONAL	Segment ID:	04		
111	AM	Segment Identific	ation	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

S2 Service Reversal

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	r A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	r N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'0000000000' for compound submission or service billing.

S3 Service Rebill

Field Numbe		eld ID Field Name	Format	Size	Pic	HFS Status	
Trans	action	n Header MANDATORY	Segment ID:				
101	A1	BIN Number	N	6	9(6)	Req	Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	2	X(2)	Req	
104	A4	Processor Control Number	A/N	10	X(10)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req	

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S3 Service Rebill

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Patien	it	SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C5	Patient Gender Code	N	1	9(1)	Req
311	СВ	Patient Last Name	A/N	15	X(15)	Req

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S3 Service Rebill

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status
IVallibe	•						
Insura	ance	1	MANDATORY	Segment ID:	04		
111	AM	Segment Identific	ation	A/N	2	X(2)	Req
302	C2	Cardholder ID		A/N	20	X(20)	Rea

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

S3 Service Rebill

Field Number	Field Field ID Field Name Number			Size	Pic	HFS Status	
Claim		MANDATORY S	egment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'00000000000' for compound submission or service billing.
456	EN	Associated Prescription/Service Reference Number	e N	12	9(12)	Req	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Req	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03'.
445	EA	Originally Prescribed Product/Service Cod	le A/N	19	X(19)	Req	

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S3 Service Rebill

Field Numbe		ld ID Field Name	Format	Size	Pic	HFS Status
Pricing	3	MANDATORY	Segment ID:	11		
111	AM	Segment Identification	A/N	2	X(2)	Req
477	BE	Professional Service Fee Submitted	N	8	S9(6)v99	Req
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req
430	DU	Gross Amount Due	N	8	S9(6)v99	Req

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S3 Service Rebill

Field Field ID Field Name Number					Format	Size	Pic	HFS Status	1
COB/O	ther	Payments	SITUATIONAL	Seg	ment ID:	05			
111	AM	Segment Identifi	ication		A/N	2	X(2)	Req	
337	4C	Coordination Of Count	ents	N	1	9(1)	Req		
338	5C	Other Payer Coverage Type			A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier			A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID			A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Dat	e		N	8	9(8)	Sit	*Repeating-Field*
341	НВ	Other Payer Am	ount Paid Count		N	1	9(1)	Sit	*Repeating-Field*
342	НС	Other Payer Am	ount Paid Qualifier		A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Am	ount Paid		N	8	S9(6)v99	Sit	*Repeating-Field-2*
471	5E	Other Payer Reje	ect Count		N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reje	ect Code		A/N	3	X(3)	Sit	*Repeating-Field-2*

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

S3 Service Rebill

Field	Field Field ID Field Name Format				Pic	HFS Status				
Numbe	r									
DUR/	PPS	SITUATIONAL	Segment ID:	08						
111	AM	Segment Identification	A/N	2	X(2)	Req				
473	7E	DUR/PPS Code Counter	N	1	9(1)	Req	*Repeating-Field*			
440	E5	Professional Service Code	A/N	2	X(2)	Req	*Repeating-Field*	Value 'MA' required for service billing.		